

QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS

Part 1

Investigating Agency Use Only

Codes

Case Number

Agency Use Only (Complete items A through P using instructions provided by the Investigating agency).

A Type of Investigation	B Extra Coverage	C Sensitivity Level	D Access	E Nature of Action Code	F Date of Action	Month	Day	Year
G Geographic Location	H Position Code	I Position Title						
J SON	K Location of Official Personnel Folder	None NPRC At SON	Other Address					ZIP Code
L SOI	M Location of Security Folder	None At SOI NPI	Other Address					ZIP Code
N OPAC-ALC Number	O Accounting Data and/or Agency Case Number							
P Requesting Official	Name and Title		Signature		Telephone Number		Date	

Persons completing this form should begin with the questions below.

1 FULL NAME	• If you have only initials in your name, use them and state (IO). • If you have no middle name, enter "NMN".	• If you are a "Jr.," "Sr.," "II," etc., enter this in the box after your middle name.	2 DATE OF BIRTH
Last Name	First Name	Middle Name	Jr., II, etc.
Month	Day	Year	
3 PLACE OF BIRTH - Use the two letter code for the State.			4 SOCIAL SECURITY
City	County	State	Country (if not in the United States)
5 OTHER NAMES USED Give other names you used and the period of time you used them (for example: your maiden name, name(s) by a former marriage, former name(s), alias(es), or nickname(s)). If the other name is your maiden name, put "nee" in front of it.			
#1 Name	Month/Year	Month/Year	#3 Name
To	To	To	To
#2 Name	Month/Year	Month/Year	#4 Name
To	To	To	To
6 OTHER IDENTIFYING INFORMATION	Height (feet and inches)	Weight (pounds)	Hair Color
			Eye Color
			Sex (Mark one box)
			Female Male
7 TELEPHONE NUMBERS	Work (Include Area Code and extension) Day Night ()	Home (Include Area Code) Day Night ()	
8 CITIZENSHIP	b Your Mother's Maiden Name		
a Mark the box at the right that reflects your current citizenship status, and follow its instructions.			
	I am a U.S. citizen or national by birth in the U.S. or U.S. territory/possession. (Answer items b and d)		
	I am a U.S. citizen, but I was NOT born in the U.S. (Answer items b, c and d)		
	I am not a U.S. citizen. (Answer items b and e)		
c UNITED STATES CITIZENSHIP If you are a U.S. citizen, but were not born in the U.S., provide information about one or more of the following proofs of your citizenship.			
Naturalization Certificate (Where were you naturalized?)			
Court	City	State	Certificate Number
			Month/Day/Year Issued
Citizenship Certificate (Where was the certificate issued?)			
City		State	Certificate Number
			Month/Day/Year Issued
State Department Form 240 - Report of Birth Abroad of a Citizen of the United States			
Give the date the form was prepared and give an explanation if needed.	Month/Day/Year	Explanation	
U.S. Passport			
This may be either a current or previous U.S. Passport.		Passport Number	Month/Day/Year Issued
d DUAL CITIZENSHIP If you are (or were) a dual citizen of the United States and another country, provide the name of that country in the space to the right.			Country
e ALIEN If you are an alien, provide the following information:			
Place You Entered the United States:	City	State	Date You Entered U.S.
			Month Day Year
Alien Registration Number		Country(ies) of Citizenship	

9 WHERE YOU HAVE LIVED

List the places where you have lived, beginning with the most recent (#1) and working back 7 years. All periods must be accounted for in your list. Be sure to indicate the actual physical location of your residence: do not use a post office box as an address, do not list a permanent address when you were actually living at a school address, etc. Be sure to specify your location as closely as possible: for example, do not list only your base or ship, list your barracks number or home port. You may omit temporary military duty locations under 90 days (list your permanent address instead), and you should use your APO/FPO address if you lived overseas.

For any address in the last 5 years, list a person who knew you at that address, and who preferably still lives in that area (do not list people for residences completely outside this 5-year period, and do not list your spouse, former spouses, or other relatives). Also for addresses in the last five years, if the address is "General Delivery," a Rural or Star Route, or may be difficult to locate, provide directions for locating the residence on an attached continuation sheet.

Month/Year #1	Month/Year To Present	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knows You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ()
Month/Year #2	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ()
Month/Year #3	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ()
Month/Year #4	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ()
Month/Year #5	Month/Year To	Street Address	Apt. #	City (Country)	State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State	ZIP Code
						Telephone Number ()

10 WHERE YOU WENT TO SCHOOL

List the schools you have attended, beyond Junior High School, **beginning with the most recent (#1) and working back 7 years**. List College or University degrees and the dates they were received. If all of your education occurred more than 7 years ago, list your most recent education beyond high school, no matter when that education occurred.

• Use one of the following codes in the "Code" block:

1 - High School

2 - College/University/Military College

3 - Vocational/Technical/Trade School

• For schools you attended in the past 3 years, list a person who knew you at school (an instructor, student, etc.). Do not list people for education completely outside this 3-year period.

• For correspondence schools and extension classes, provide the address where the records are maintained.

Month/Year #1	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
				ZIP Code	Telephone Number ()
Month/Year #2	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
				ZIP Code	Telephone Number ()
Month/Year #3	Month/Year To	Code	Name of School	Degree/Diploma/Other	Month/Year Awarded
Street Address and City (Country) of School				State	ZIP Code
Name of Person Who Knew You		Street Address	Apt. #	City (Country)	State
				ZIP Code	Telephone Number ()

Enter your Social Security Number before going to the next page

YOUR EMPLOYMENT ACTIVITIES

List your employment activities, beginning with the present (#1) and working back 7 years. You should list all full-time work, part-time work, military service, temporary military duty locations over 90 days, self-employment, other paid work, and all periods of unemployment. The entire 7-year period must be accounted for without breaks, but you need not list employments before your 16th birthday. EXCEPTION: Show all Federal civilian service, whether it occurred within the last 7 years or not.

- **Code.** Use one of the codes listed below to identify the type of employment:

1 - Active military duty stations

2 - National Guard/Reserve

3 - U.S.P.H.S. Commissioned Corps

4 - Other Federal employment

5 - State Government (Non-Federal employment)

6 - Self-employment (Include business name and/or name of person who can verify)

7 - Unemployment (Include name of person who can verify)

8 - Federal Contractor (List Contractor, not Federal agency)

9 - Other

- **Employer/Verifier Name.** List the business name of your employer or the name of the person who can verify your self-employment or unemployment in this block. If military service is being listed, include your duty location or home port here as well as your branch of service. You should provide separate listings to reflect changes in your military duty locations or home ports.

- **Previous Periods of Activity.** Complete these lines if you worked for an employer on more than one occasion at the same location. After entering the most recent period of employment in the initial numbered block, provide previous periods of employment at the same location on the additional lines provided. For example, if you worked at XY Plumbing in Denver, CO, during 3 separate periods of time, you would enter dates and information concerning the most recent period of employment first, and provide dates, position titles, and supervisors for the two previous periods of employment on the lines below that information.

Month/Year		Month/Year		Code	Employer/Verifier Name/Military Duty Location		Your Position Title/Military Rank		
#1		To Present							
Employer's/Verifier's Street Address					City (Country)		State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)					City (Country)		State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)					City (Country)		State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #1)	Month/Year		Month/Year		Position Title		Supervisor		
	To								
	Month/Year		Month/Year		Position Title		Supervisor		
	To								
Month/Year		Month/Year		Code	Employer/Verifier Name/Military Duty Location		Your Position Title/Military Rank		
#2		To							
Employer's/Verifier's Street Address					City (Country)		State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)					City (Country)		State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)					City (Country)		State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #2)	Month/Year		Month/Year		Position Title		Supervisor		
	To								
	Month/Year		Month/Year		Position Title		Supervisor		
	To								
Month/Year		Month/Year		Code	Employer/Verifier Name/Military Duty Location		Your Position Title/Military Rank		
#3		To							
Employer's/Verifier's Street Address					City (Country)		State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)					City (Country)		State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)					City (Country)		State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #3)	Month/Year		Month/Year		Position Title		Supervisor		
	To								
	Month/Year		Month/Year		Position Title		Supervisor		
	To								

Enter your Social Security Number before going to the next page →

YOUR EMPLOYMENT ACTIVITIES (CONTINUED)

Month/Year		Month/Year		Code	Employer/Verifier Name/Military Duty Location	Your Position Title/Military Rank		
#4		To						
Employer's/Verifier's Street Address					City (Country)	State	ZIP Code	Telephone Number ()
Street Address of Job Location (if different than Employer's Address)					City (Country)	State	ZIP Code	Telephone Number ()
Supervisor's Name & Street Address (if different than Job Location)					City (Country)	State	ZIP Code	Telephone Number ()
PREVIOUS PERIODS OF ACTIVITY (Block #4)	Month/Year		Month/Year		Position Title		Supervisor	
	To							
	Month/Year		Month/Year		Position Title		Supervisor	
	To							
PREVIOUS PERIODS OF ACTIVITY (Block #5)	Month/Year		Month/Year		Position Title		Supervisor	
	To							
	Month/Year		Month/Year		Position Title		Supervisor	
	To							
PREVIOUS PERIODS OF ACTIVITY (Block #6)	Month/Year		Month/Year		Position Title		Supervisor	
	To							
	Month/Year		Month/Year		Position Title		Supervisor	
	To							

12 PEOPLE WHO KNOW YOU WELL

List three people who know you well and live in the United States. They should be good friends, peers, colleagues, college roommates, etc., whose combined association with you covers as well as possible the last 7 years. Do not list your spouse, former spouses, or other relatives, and try not to list anyone who is listed elsewhere on this form.

Name		Dates Known		Telephone Number	
#1		Month/Year	Month/Year	Day	Night ()
To					
Home or Work Address				City (Country)	State ZIP Code
Name		Dates Known		Telephone Number	
#2		Month/Year	Month/Year	Day	Night ()
To					
Home or Work Address				City (Country)	State ZIP Code
Name		Dates Known		Telephone Number	
#3		Month/Year	Month/Year	Day	Night ()
To					
Home or Work Address				City (Country)	State ZIP Code

Enter your Social Security Number before going to the next page →

13

Mark one box to show your current marital status and provide information about your spouse(s) in items a. and/or b.

<input type="checkbox"/>	1 - Never married	<input type="checkbox"/>	3 - Separated	<input type="checkbox"/>	5 - Divorced
<input type="checkbox"/>	2 - Married	<input type="checkbox"/>	4 - Legally Separated	<input type="checkbox"/>	6 - Widowed

a

Full Name	Date of Birth	Place of Birth <i>(Include country if outside the U.S.)</i>	Social Security Number
Other Names Used <i>(Specify maiden name, names by other marriages, etc., and show dates used for each name)</i>			Country(ies) of Citizenship
Date Married	Place Married <i>(Include country if outside the U.S.)</i>		State
If Separated, Date of Separation	If Legally Separated, Where is the Record Located? City <i>(Country)</i>		State
Address of Current Spouse, if different than your current address <i>(Street, city, and country if outside the U.S.)</i>			State ZIP Code

(b)

Full Name		Date of Birth	Place of Birth <i>(Include country if outside the U.S.)</i>		State
Country(ies) of Citizenship		Date Married	Place Married <i>(Include country if outside the U.S.)</i>		State
Check one, Then Give Date	Month/Day/Year	If Divorced, Where is the Record Located? City <i>(Country)</i>			State
<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed				
Address of Former Spouse <i>(Street, city, and country if outside the U.S.)</i>			State	ZIP Code	Telephone Number ()

14

Give the full name, correct code, and other requested information for each of your relatives and associates, living or dead, specified below.

- | | | | | |
|------------------------------|-----------------------------------|-------------------|--------------------|--------------------------------------|
| 1 - Mother (<i>first</i>) | 5 - Foster parent | 9 - Sister | 13 - Half-sister | 17 - Other Relative* |
| 2 - Father (<i>second</i>) | 6 - Child (<i>adopted also</i>) | 10 - Stepbrother | 14 - Father-in-law | 18 - Associate* |
| 3 - Stepmother | 7 - Stepchild | 11 - Stepsister | 15 - Mother-in-law | 19 - Adult Currently Living With You |
| 4 - Stepfather | 8 - Brother | 12 - Half-brother | 16 - Guardian | |

*Code 17 (Other Relative) - include only foreign national relatives not listed in 1 - 16 with whom you or your spouse are bound by affection, obligation, or close and continuing contact. Code 18 (Associates) - include only foreign national associates with whom you or your spouse are bound by affection, obligation, or close and continuing contact.

[illegible]

Enter your Social Security Number before going to the next page.

15 CITIZENSHIP OF YOUR RELATIVES AND ASSOCIATES

If your mother, father, sister, brother, child, or current spouse or person with whom you have a spouse-like relationship is a U.S. citizen by other than birth, or an alien residing in the U.S., provide the nature of the individual's relationship to you (Spouse, Spouse-like, Mother, etc.), and the individual's name and date of birth on the first line (*this information is needed to pair it accurately with information in items 13 and 14*).

On the second line, provide the individual's naturalization certificate or alien registration number and use one of the document codes below to identify proof of citizenship status. Provide additional information on that line as requested.

- 1 - Naturalization Certificate: Provide the date issued and the location where the person was naturalized (Court, City and State).
- 2 - Citizenship Certificate: Provide the date and location issued (City and State).
- 3 - Alien Registration: Provide the date and place where the person entered the U.S. (City and State).
- 4 - Other: Provide an explanation in the "Additional Information" block.

#1	Association	Name	Date of Birth (Month/Day/Year)
	Certificate/Registration #	Document Code	Additional Information
#2	Association	Name	Date of Birth (Month/Day/Year)
	Certificate/Registration #	Document Code	Additional Information

16 YOUR MILITARY HISTORY

Yes	No

- a** Have you served in the United States military?
- b** Have you served in the United States Merchant Marine?

List all of your military service below, including service in Reserve, National Guard, and U.S. Merchant Marine. Start with the most recent period of service (#1) and work backward. If you had a break in service, each separate period should be listed.

•**Code.** Use one of the codes listed below to identify your branch of service:

1 - Air Force 2 - Army 3 - Navy 4 - Marine Corps 5 - Coast Guard 6 - Merchant Marine 7 - National Guard

•**O/E.** Mark "O" block for Officer or "E" block for Enlisted.

•**Status.** "X" the appropriate block for the status of your service during the time that you served. If your service was in the National Guard, do not use an "X": use the two-letter code for the state to mark the block.

•**Country.** If your service was with other than the U.S. Armed Forces, identify the country for which you served.

Month/Year	Month/Year	Code	Service/Certificate #	Status				Country
				O	E	Active	Active Reserve	
To								
To								

17 YOUR FOREIGN ACTIVITIES

Yes	No

- a** Do you have any foreign property, business connections, or financial interests?
- b** Are you now or have you ever been employed by or acted as a consultant for a foreign government, firm, or agency?
- c** Have you ever had any contact with a foreign government, its establishments (embassies or consulates), or its representatives, whether inside or outside the U.S., other than on official U.S. Government business? (*Does not include routine visa applications and border crossing contacts.*)
- d** In the last 7 years, have you had an active passport that was issued by a foreign government?

If you answered "Yes" to a, b, c, or d above, explain in the space below: provide inclusive dates, names of firms and/or governments involved, and an explanation of your involvement.

Month/Year	Month/Year	Firm and/or Government	Explanation
To			
To			

18 FOREIGN COUNTRIES YOU HAVE VISITED

List foreign countries you have visited, except on travel under official Government orders, beginning with the most current (#1) and working back 7 years. (Travel as a dependent or contractor must be listed.)

•Use one of these codes to indicate the purpose of your visit: 1 - Business 2 - Pleasure 3 - Education 4 - Other

•Include short trips to Canada or Mexico. If you have lived near a border and have made short (one day or less) trips to the neighboring country, you do not need to list each trip. Instead, provide the time period, the code, the country, and a note ("Many Short Trips").

•Do not repeat travel covered in items 9, 10, or 11.

Month/Year	Month/Year	Code	Country	Month/Year	Month/Year	Code	Country
#1	To			#3	To		
#2	To			#4	To		

This concludes Part 1 of this form. If you have used Page 9, continuation sheets, or blank sheets to complete any of the questions in Part 1, give the number for those questions in the space to the right:

Enter your Social Security Number before going to the next page →

**QUESTIONNAIRE FOR
NATIONAL SECURITY POSITIONS**

Part 2

OFFICIAL
USE
ONLY

19 YOUR MILITARY RECORD

Yes	No

Have you ever received other than an honorable discharge from the military? If "Yes," provide the date of discharge and type of discharge below.

Month/Year Type of Discharge

20 YOUR SELECTIVE SERVICE RECORD

Yes	No

a Are you a male born after December 31, 1959? If "No," go to 21. If "Yes," go to b.

b Have you registered with the Selective Service System? If "Yes," provide your registration number. If "No," show the reason for your legal exemption below.

Registration Number Legal Exemption Explanation

21 YOUR MEDICAL RECORD

Yes	No

In the last 7 years, have you consulted with a mental health professional (psychiatrist, psychologist, counselor, etc.) or have you consulted with another health care provider about a mental health related condition?

If you answered "Yes," provide the dates of treatment and the name and address of the therapist or doctor below, unless the consultation(s) involved only marital, family, or grief counseling, not related to violence by you.

Month/Year	Month/Year	Name/Address of Therapist or Doctor	State	ZIP Code
	To			
	To			

22 YOUR EMPLOYMENT RECORD

Yes	No

Has any of the following happened to you **in the last 7 years**? If "Yes," begin with the most recent occurrence and go backward, providing date fired, quit, or left, and other information requested.

Use the following codes and explain the reason your employment was ended:

- | | | |
|---|---|---|
| 1 - Fired from a job | 3 - Left a job by mutual agreement following allegations of misconduct | 5 - Left a job for other reasons |
| 2 - Quit a job after being told you'd be fired | 4 - Left a job by mutual agreement following allegations of unsatisfactory performance | under unfavorable circumstances |

Month/Year	Code	Specify Reason	Employer's Name and Address (Include city/Country if outside U.S.)	State	ZIP Code

23 YOUR POLICE RECORD

Yes	No

For this item, report information regardless of whether the record in your case has been "sealed" or otherwise stricken from the court record. The single exception to this requirement is for certain convictions under the Federal Controlled Substances Act for which the court issued an expungement order under the authority of 21 U.S.C. 844 or 18 U.S.C. 3607.

- | | | | |
|----------|--|--|--|
| a | Have you ever been charged with or convicted of any felony offense? (Include those under Uniform Code of Military Justice) | | |
| b | Have you ever been charged with or convicted of a firearms or explosives offense? | | |
| c | Are there currently any charges pending against you for any criminal offense? | | |
| d | Have you ever been charged with or convicted of any offense(s) related to alcohol or drugs? | | |
| e | In the last 7 years, have you been subject to court martial or other disciplinary proceedings under the Uniform Code of Military Justice? (Include non-judicial, Captain's mast, etc.) | | |
| f | In the last 7 years, have you been arrested for, charged with, or convicted of any offense(s) not listed in response to a, b, c, d, or e above? (Leave out traffic fines of less than \$150 unless the violation was alcohol or drug related.) | | |

If you answered "Yes" to a, b, c, d, e, or f above, explain below. Under "Offense," do not list specific penalty codes, list the actual offense or violation (for example, arson, theft, etc.).

Month/Year	Offense	Action Taken	Law Enforcement Authority/Court (Include City and county/country if outside U.S.)	State	ZIP Code

Enter your Social Security Number before going to the next page →

24 YOUR USE OF ILLEGAL DRUGS AND DRUG ACTIVITY		Yes	No
<p>The following questions pertain to the illegal use of drugs or drug activity. You are required to answer the questions fully and truthfully, and your failure to do so could be grounds for an adverse employment decision or action against you, but neither your truthful responses nor information derived from your responses will be used as evidence against you in any subsequent criminal proceeding.</p> <p>a Since the age of 16 or in the last 7 years, whichever is shorter, have you <u>illegally</u> used any controlled substance, for example, marijuana, cocaine, crack cocaine, hashish, narcotics (opium, morphine, codeine, heroin, etc.), amphetamines, depressants (barbiturates, methaqualone, tranquilizers, etc.), hallucinogenics (LSD, PCP, etc.), or prescription drugs?</p> <p>b Have you <u>ever</u> illegally used a controlled substance while employed as a law enforcement officer, prosecutor, or courtroom official; while possessing a security clearance; or while in a position directly and immediately affecting the public safety?</p> <p>c In the last 7 years, have you been involved in the illegal purchase, manufacture, trafficking, production, transfer, shipping, receiving, or sale of any narcotic, depressant, stimulant, hallucinogen, or cannabis for your own intended profit or that of another?</p>			

If you answered "Yes" to a or b above, provide the date(s), identify the controlled substance(s) and/or prescription drugs used, and the number of times each was used.

Month/Year	Month/Year	Controlled Substance/Prescription Drug Used	Number of Times Used
To			
To			

25 YOUR USE OF ALCOHOL	Yes	No
In the last 7 years, has your use of alcoholic beverages (such as liquor, beer, wine) resulted in any alcohol-related treatment or counseling (such as for alcohol abuse or alcoholism)?		

If you answered "Yes," provide the dates of treatment and the name and address of the counselor or doctor below. Do not repeat information reported in response to item 21 above.

Month/Year	Month/Year	Name/Address of Counselor or Doctor	State	ZIP Code
To				
To				

26 YOUR INVESTIGATIONS RECORD	Yes	No
<p>a Has the United States Government ever investigated your background and/or granted you a security clearance? If "Yes," use the codes that follow to provide the requested information below. If "Yes," but you can't recall the investigating agency and/or the security clearance received, enter "Other" agency code or clearance code, as appropriate, and "Don't know" or "Don't recall" under the "Other Agency" heading, below. If your response is "No," or you don't know or can't recall if you were investigated and cleared, check the "No" box.</p>		

Codes for Investigating Agency 1 - Defense Department 2 - State Department 3 - Office of Personnel Management	4 - FBI 5 - Treasury Department 6 - Other (Specify)	Codes for Security Clearance Received 0 - Not Required 1 - Confidential 2 - Secret	3 - Top Secret 4 - Sensitive Compartmented Information 5 - Q	6 - L 7 - Other
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Month/Year	Agency Code	Other Agency	Clearance Code	Month/Year	Agency Code	Other Agency	Clearance Code

b To your knowledge, have you ever had a clearance or access authorization denied, suspended, or revoked, or have you ever been debarred from government employment? If "Yes," give date of action and agency. Note: An administrative downgrade or termination of a security clearance is not a revocation.	Yes	No

Month/Year	Department or Agency Taking Action	Month/Year	Department or Agency Taking Action

27 YOUR FINANCIAL RECORD	Yes	No
a In the last 7 years, have you filed a petition under any chapter of the bankruptcy code (to include Chapter 13)?		
b In the last 7 years, have you had your wages garnished or had any property repossessed for any reason?		
c In the last 7 years, have you had a lien placed against your property for failing to pay taxes or other debts?		
d In the last 7 years, have you had any judgments against you that have not been paid?		

If you answered "Yes" to a, b, c, or d, provide the information requested below:

Month/Year	Type of Action	Amount	Name Action Occurred Under	Name/Address of Court or Agency Handling Case	State	ZIP Code

Enter your Social Security Number before going to the next page →

Yes	No

--	--

Incurred Month/Year	Satisfied Month/Year	Amount	Type of Loan or Obligation and Account Number	Name/Address of Creditor or Obligor	State	ZIP Code

Yes	No

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Month/Year	Nature of Action	Result of Action	Name of Parties Involved	Court <i>(Include City and county/country if outside U.S.)</i>	State	ZIP Code

Yes	No

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Continuation Space

[illegible]

Certification That My Answers Are True

My statements on this form, and any attachments to it, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both. (See section 1001 of title 18, United States Code).

Signature (<i>Sign in ink</i>)	Date
----------------------------------	------

Enter your Social Security Number before going to the next page 

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

Signature (<i>Sign in ink</i>)	Full Name (<i>Type or Print Legibly</i>)		Date Signed
Other Names Used			Social Security Number
Current Address (<i>Street, City</i>)	State	ZIP Code	Home Telephone Number (<i>Include Area Code</i>) ()

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, **I hereby authorize** the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (<i>Sign in ink</i>)	Full Name (<i>Type or Print Legibly</i>)		Date Signed
Other Names Used			Social Security Number
Current Address (<i>Street, City</i>)	State	ZIP Code	Home Telephone Number (<i>Include Area Code</i>) ()